



# Inland Counties Emergency Medical Agency

*Serving San Bernardino, Inyo, and Mono Counties*

*Tom Lynch, EMS Administrator  
Reza Vaezazizi, MD, Medical Director*

**DATE:** May 16, 2013

**TO:** EMS Providers - BLS, ALS, EMS Aircraft

**FROM:** Tom Lynch  
EMS Administrator  Reza Vaezazizi, MD  
Medical Director 

**SUBJECT: DRUG SHORTAGE WAIVER REQUEST FORM**

During the past several months, medications that are used by EMS have become significantly more difficult to obtain due to nationwide shortages. ICEMA, in order to maintain compliance with ICEMA Reference #7010 - BLS/LALS/ALS Standard Drug and Equipment List, has issued waiver letters and extensions for the medications. To help streamline the drug waiver process, ICEMA has developed a new drug shortage request form (see attached). The form is on the ICEMA website and is in fillable PDF format. Once the form is submitted to ICEMA, it will be reviewed by staff and if approved, a dated copy approving the waiver will be returned to the provider.

ICEMA is also extending the length of the waiver dependent on the medication and information provided by the FDA and distributors of the medications. ICEMA will closely monitor various sources and if there appears to be relief of the shortages, ICEMA will contact the respective providers to determine if there is a need to continue the waiver process.

ICEMA will no longer give extensions to the waivers. If the shortage continues beyond the waiver date, providers will be required to submit a new request on the ICEMA form. This should prevent any confusion as to the length of time a provider has been unable to obtain medications.

If you have any questions, please feel free to contact Sherri Shimshy, RN, EMS Nurse Specialist, at (909) 388-5816 or via e-mail at [SShimshy@cao.sbcounty.gov](mailto:SShimshy@cao.sbcounty.gov).

TL/RV/jlm

Attachment

c: File Copy



**INLAND COUNTIES EMERGENCY MEDICAL AGENCY**

*Serving San Bernardino, Inyo and Mono Counties*

**1425 SOUTH "D" STREET**

**SAN BERNARDINO, CA 92415-0060**

**(909) 388-5823 FAX: (909) 388-5825**

**DRUG SHORTAGE WAIVER REQUEST FORM**

(One Medication Waiver Request per Form)

Date: \_\_\_\_\_

Provider Name: \_\_\_\_\_

Requested By: \_\_\_\_\_  
*Name, Title (Please Print)*

Name of Medication: \_\_\_\_\_

Concentration (mg/ml): \_\_\_\_\_

Attempt to locate from other sources:       Yes     No

Substitution Request (Alternative packaging, concentration, or amount):     Yes     No     N/A

Requested Substitution: \_\_\_\_\_

Concentration (mg/ml): \_\_\_\_\_

Training provided for substitution:       Yes     No     N/A

Waiver requested for:       30 Days     60 Days     90 Days

You are advised that your agency and ordering medical director are solely responsible for full compliance with all local, state, and federal regulations governing purchase, distribution, storage and administration of all medications including controlled substances. Any loss or diversion of such substances must be immediately reported to ICEMA and appropriate state or federal agencies. The provider agency must provide adequate education to staff to prevent potential medication errors and document the completion of this education on an approved ICEMA Education Roster.

**Provider must notify ICEMA immediately if the shortage or substitution adversely impacts the care of any patient.**

**ICEMA USE ONLY**

Date Received: \_\_\_\_\_ Waiver Requirements Verified:     Yes     No

Waiver Granted:  Yes     No    Date Granted: \_\_\_\_\_ Date Expires: \_\_\_\_\_

Approved by: \_\_\_\_\_